

Foster Family Home - Corrective Action Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-5

94-095 Hulahe Street

Reviewer: Sue Lo

Waipahu

HI

96797

Begin Date: 9/6/2017

End Date: 9/23/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/6/2017

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) CG#1 sign-in documentation on the CCFFH Sign-Out Sheet not present in the home.

Foster Family Home

Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) MD order 3/10/2017 delegation not present in the home for Client #2.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) Night Fire Drill documentation not present in the home.

Foster Family Home

Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) One of the medication in the Medication Administration Record (MAR) did not match with MD orders and Rx Pharmacy label for Client #1 and Client #3.

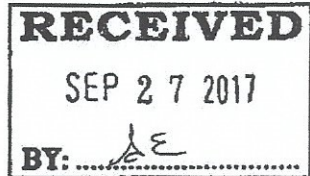
SOX
Compliance Manager

Marina Gamatero
Primary Care Giver

9/6/17
Date

9/6/17
Date

WRITTEN PLAN OF CORRECTION



Date: 09/25/2017

41. (3P)(b)(2)

From now on, CG#1 will sign- in from the sign- in/out sheet for 3rd client when returning from CCFFH and I promise not to be happen again in the future.

43.(c)(3)

CM/RN came to show or delegate all CG's on 9/12/2017 how to follow MD's order on 3/10/2017. From now on when there's need delegation or new order to let them know to come to delegate.

45. (a)

Night fire drill perform on 9/10/2017 and from now that the home will conduct fire drill in different times of day, evening, and night.

52. (c)(5)

CM/RN fixed the MAR to match with the doctor's order and RX pharmacy label for client #1 and #3 on 09/12/2017. The home will coordinate with the home agencies if there's a new order in the future.


Marina A. Gamatero
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Waipahu, HI 96797